



REQUEST FOR AUTHORIZATION TO PRACTICE WITHOUT A LICENSE AT A REGISTERED FREE HEALTH CARE EVENT

In accordance with California Business and Professions Code Section 901 any dental hygienist licensed/certified and in good standing in another state, district, or territory in the United States may request authorization from the Dental Hygiene Committee of California (Committee) to participate in a free health care event offered by a sponsoring entity, registered with the Committee pursuant to Section 901, for a period not to exceed ten (10) days. The Committee may deny requests for authorization received less than twenty (20) calendar days before the date on which the sponsored event will begin.

PART 1 - APPLICATION INSTRUCTIONS

An application must be complete and must be accompanied by all of the following:

- A processing fee of \$86.00, made payable to the Dental Hygiene Committee of California.
- A copy of each current, active and valid license and/or certificate authorizing the applicant to engage in the practice of dental hygiene issued by any state, district, or territory of the United States.
- A copy of a valid photo identification of the applicant issued by one of the jurisdictions in which the applicant holds a license or certificate to practice.
- Copies of Certificates of Completion showing at least 25 units of continuing education including current CPR, taken within two years of the date of this application.
- Any documents or statements requested on this application.
- Live Scan Fingerprints. Fingerprints must be done through electronic Live Scan. Live Scan is available only in California, for either residents or visitors. You must download the Live Scan form from the DHCC website at this link www.dhcc.ca.gov/formspubs/form_livescan_rdh.pdf to complete and take to the Live Scan service location in California. A list of the Live Scan locations can be found at <http://ag.ca.gov/fingerprints/publications/contact.php>. You can take the completed form to the service location of your choice, pay a fee and your fingerprints are taken on a glass without ink. Your fingerprints are transmitted electronically to the Department of Justice (DOJ), who sends the resulting report to the Committee. There is a low rate of rejections with this method.

The Committee will not grant authorization until this form has been completed in its entirety, all required enclosures have been received by the Committee, and any additional information requested by the Committee has been provided by the applicant and reviewed by the Committee, and a determination has been made to grant authorization.

addendum to this form. Please also attach a copy of each of your current licenses, certificates, and registrations.

State/ Jurisdiction	Issuing Agency/Authority	License Number	Expiration Date

2. Do you possess valid certification according to committee requirements mandated by Section 1151(c)(1)(C) in periodontal soft tissue curettage, administration of nitrous oxide and oxygen and administration local anesthetic agents? Yes No

3. CONTINUING EDUCATION. Provide copies of certificates of completion including CPR certification. Do not send originals.

4. Are you currently the subject of any investigation by any governmental entity? Yes No
If yes, provide a detailed explanation of the circumstances surrounding the investigation.

5. Have you ever had charges filed against a dental hygiene license that you currently hold or held in the past, including charges that are still pending? Yes No

If yes, provide a detailed explanation and a copy of the documents relating to the filing of charges.

6. Have you ever had any disciplinary action taken against a dental hygiene license or other healing arts license? Yes No

Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental hygiene license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action.

7. Have you ever surrendered a dental hygiene license, either voluntary or otherwise? Yes No

If yes, provide a detailed explanation and a copy of all documents relating to the surrender.

8. Have you ever been the subject of a malpractice settlement or judgment? Yes No

If yes, provide a detailed explanation of the circumstances and outcome relating to the malpractice settlement or judgment. You may be required to provide additional information after review of your explanation.

IMPORTANT REQUIREMENT: If a disciplinary action is filed against any license you currently hold pending the Committee's decision on this application for authorization, you must notify the Committee in writing within 48 hours.

9. With the exception of conviction of an infraction resulting in a fine of less than \$1,000, have you ever been convicted of any crime, including an infraction, misdemeanor or felony? Yes No

"Conviction" includes a plea of no contest and any conviction that has been set aside pursuant to Section 1203.4 of the Penal Code. Therefore, you must disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Section 1203.4 of the Penal Code.

10. Do you have a current physical or mental impairment related to drugs or alcohol? Yes No

11. Have you been adjudicated by a court to be mentally incompetent or are you currently under a conservatorship? Yes No

If yes, provide a detailed explanation of the circumstances, date and time of the court order or the duration of the conservatorship.

PART 4 – SPONSORED EVENT

1. Name of non-profit or community-based organization hosting the free healthcare event (the "sponsoring entity"): _____

2. Name of event: _____

3. Date(s) & location(s) of the event: _____

4. Date(s) & location(s) applicant will be performing healthcare services (if different):

5. Please specify the healthcare services you intend to provide: _____

6. Name and phone number of contact person with sponsoring entity: _____

PART 5 – ACKNOWLEDGMENT/CERTIFICATION

I, the undersigned, declare under penalty of perjury under the laws of the State of California and acknowledge that:

- I will comply with all applicable practice requirements required of licensed dental hygienists and all regulations of the Committee.
- In accordance with Business and Professions Code Section 901(i), I will only practice within the scope of my licensure and/or certification and within the scope of practice for California-licensed dental hygienists.
- I will provide the services authorized by this request and Business and Professions Code Section 901 to uninsured and underinsured persons only and shall receive no compensation for such services.
- I will provide the services authorized by this request and Business and Professions Code Section 901 only in association with the sponsoring entity listed herein and only on the dates and at the locations listed herein for a period not to exceed 10 calendar days.
- I am responsible for knowing and complying with California law and practice standards while participating in a sponsored event located in California.
- Practice of a regulated profession in California without proper licensure and/or authorization may subject me to potential administrative, civil and/or criminal penalties.
- The Committee may notify the licensing authority of my home jurisdiction and/or other appropriate law enforcement authorities of any potential grounds for discipline associated with my participation in the sponsored event.
- I have read the questions in the foregoing application and that all information provided by me in this application is true and complete to the best of my knowledge. By submitting this application and signing below, I am granting permission to the Committee to verify the information provided and to perform any investigation pertaining to the information I have provided as the Committee deems necessary.

My signature on this application, or copy thereof, authorizes the National Practitioner Data Bank to release any and all information required by the Dental Hygiene Committee of California.

Signature

Date

Name Printed: _____

NOTE: Authorization will not be issued until clearance has been received from the California Department of Justice and the Federal Bureau of Investigation.

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Title 16, California Code of Regulations Section 1023.17 and Business and Professions Code section 901. Failure to provide any of the required information will result in the form being rejected as incomplete or denied. The information provided will be used to determine compliance with Article 8 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1023.15). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Committee at the address and telephone number listed above.